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98678

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 063	Agency Case No. B6-042136	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/14/2016		TIME OF ACCIDENT 1535	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1537	05/14/2016					
B	65	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 27th St/K-L St			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE				
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION						
		NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
		20.00		X S curb of L St						
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN				
E	1	R. WORK ZONE CODES	R1 3 R2 2 R3 1 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
F	1	DRIVER LICENSE NO. H13714682			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	1	DRIVER Tuyen Thanh Phan			PHONE 4026174543	LOCAL NO.				
V2/N	1	DRIVER ADDRESS 2441 U ST, LINCOLN, NE 68503			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 05/16/1993				
G	6	OWNER MINH T PHAN			PHONE 4026174543	LOCAL NO.				
H	5	OWNER ADDRESS 2441 U ST, LINCOLN, NE 68503			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO LB511900				
V1/O	1	LICENSE PLATE PA NO. TMJ999	YEAR 2001	MAKE Honda	MODEL Civic	BODY STYLE 4 door Sedan				
V2/O	1	VEHICLE 1HGES165X1L032254	VEHICLE ID NO. (VIN)	1HGES165X1L032254	INSURANCE COMPANY Amco	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 250				
I	1	TOWED TO			TOWED BY	POLICY NO. PPAM0055558819				
J	01	VEHICLE NO. 2			VEHICLE NO. 2					
V1/P	1	DRIVER KAREN R GRAY			PHONE 4026106404	LOCAL NO.				
V2/P	1	DRIVER ADDRESS 2320 W LAGUNA RD, LINCOLN, NE 68522			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 07/22/1972				
J	01	OWNER Karen Gray			PHONE	LOCAL NO.				
V1/Q	4	OWNER ADDRESS 2320 W Laguna, Lincoln, NE 68522			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO				
V2/Q	4	LICENSE PLATE PA NO. TZZ394	YEAR 2016	MAKE BMW	MODEL 5XI	BODY STYLE 4 door Sedan				
K	03	VEHICLE WBA5A7C51GG146571	VEHICLE ID NO. (VIN)	WBA5A7C51GG146571	INSURANCE COMPANY Esurance	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500				
		TOWED TO			TOWED BY	POLICY NO. PANE5468386				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)				
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

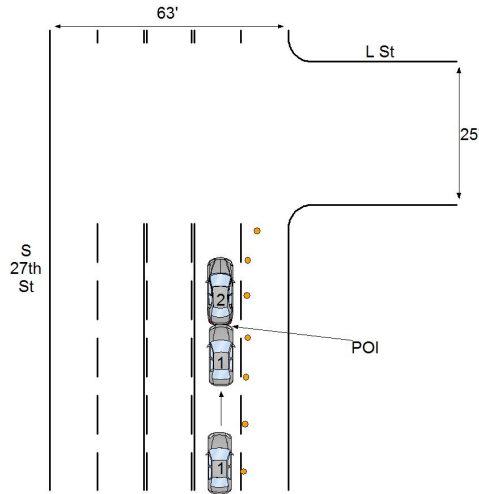
AGENCY CASE NO.
B6-042136



Indicate
North
by Arrow



APOI: 20' S of S curb of L St,
9' W of E curb of S 27th St



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V2 was stopped for traffic NB in the inside lane of S 27th St between K St and L St when it was struck from behind by V1. V1 was NB in the inside lane on S 27th St between K St and L St when it struck V2 from behind. D1 stated she was not paying attention when the collision happened.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1	X				S 27th ST/K-L												
2	X				S 27th St/K-L												
1	01				06 Turning left												
2	01				08 Entering traffic lane												
				01 Essentially straight ahead													
				02 Backing													
				03 Changing lanes													
				04 Overtaking/Passing													
				05 Turning right													
				09 Leaving traffic lane													
				10 Parked													
				11 Slowing or stopped in traffic													
				12 Other													
				13 Unknown													

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	01	POINT OF IMPACT	05
MOST DAMAGED AREA	01	MOST DAMAGED AREA	05
00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02 03 04 05 06 07 08	

VEHICLE 1		VEHICLE 2	
1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N

ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		1	1

OFFICER NO. 1738	TROOP/TEAM/BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Brian Nicholson		INVESTIGATOR SIGNATURE Approved by Brian Nicholson	DATE OF REPORT 05/14/2016